

in the third was not a trace. Moreover, I have seen cases of true gouty asthma in which iodide of potassium has been of no service.

"Of its ultimate and exact *modus operandi* I can neither offer any explanation nor form any reasonable opinion. I am not, however, the less satisfied of its occasional great value, and of the propriety of its use in any case in which it has not been tried."

13. *Diagnosis of Embolism*.—M. BROCA has communicated to the Surgical Society of Paris some observations on the temperature of limbs, in which the principal artery has been obliterated. He related the following case, which shows that the thermometer will determine when gangrene in a limb is not due to embolism.

An old woman had on her foot a slight sore, which became covered by a persistent cicatrix. On December 4th, severe pain was felt in the leg; she had fever, and a black phlyctæna was formed around the crust. On application of the thermometer, it was ascertained that there was a fall of 1 per cent. in the entire limb; whereas in embolism the temperature is only affected below the seat of obstruction. Death occurred ten days afterwards. On *post-mortem* examination, there was found to be an atheromatous state of the femoral artery; and its calibre was reduced to the size of the radial by the deposition of fibrinous layers in its interior. The artery was completely obliterated by a clot which had lately formed, and which was the cause of the gangrene. The successive deposition of fibrin explained the gradual retardation of the circulation of the limb.—*Gaz. des Hôpitaux*, Jan. 5, 1864.

14. *Spontaneous Thrombosis of the Left Femoral and Saphena Vein*.—Dr. TUCKWELL relates (*Med. Times and Gaz.*, Feb. 13, 1864) the following case of this:—

A. B., aged 33, has previously enjoyed good health; during the past year has allowed himself but little rest in his profession, and has become thoroughly overworked. His present illness commenced about a month ago with severe pain in the head, which lasted five or six days without intermission, and left him much weakened. The pain then shifted to the loins, and continued there for two weeks, during which time he was extremely depressed and unable to get about. At the end of this time, rather more than a week ago, he was attacked suddenly in the night by a violent pain in the right side, which seems to have been purely neuralgic, for no signs of pleurisy could be detected at the time; this pain continued for three days and nights, during which time *he lay continually on the left side*, without sleep, and taking no food, till, on the fourth day, it left him almost as suddenly as it had come on. On attempting now to change his posture he found that the left leg was quite numb, that sensation began to return after rubbing the leg for a time, but that, with returning sensation, there came on an intense pain in the lower part of the leg, more especially in the calf; that he soon observed the leg and foot beginning to swell; that the swelling gradually involved the whole leg and extended up the thigh to the groin, the pain becoming generally diffused and intensified as the swelling extended and increased. I saw him on the fourth day after the swelling had commenced, when the following appearance presented itself:—

He is extremely prostrate, unable to raise himself in bed; the eyes hollow; the voice low and changed; skin generally cool, except that of the left leg, which is abnormally hot; pulse 60, very small, thready and irregular, intermitting at every third beat; thorax generally resonant on percussion; respiration feeble, but free from any morbid sound; urine natural. The left leg from the groin to the toes, is enormously swollen, pitting everywhere deeply on pressure, its surface is hot and very sensitive; an indistinct hardness can be felt through the œdema along the course of the femoral and saphena vein as far as Poupart's ligament, above which point it cannot be traced; beneath the œdematous integuments large superficial veins are seen ramifying along the anterior and outer aspect of the thigh.

*Diagnosis*.—Thrombosis of saphena and femoral, perhaps of external iliac vein.

*Treatment.*—To relieve the pain, cold was applied to the whole limb in the form of evaporating lotions, and the limb was supported on pillows. Small quantities of brandy and wine were administered, with milk and beef-tea.

On the day following, Mr. Savory saw the case with me, and gave me the benefit of his valuable opinion. He fully concurred in the diagnosis, but advised that the leg should be wrapped in cotton-wool, and pressed upon the most forcibly the necessity of increasing the quantity of stimulants, bidding me, to use his own words, "measure the quantity not by the glass or bottle, but by the effect produced." From this time, brandy, rum, port, sherry, and champagne were given every two or three hours day and night, till, on the sixth day from the time that I first saw him, he was taking in the twenty-four hours, brandy  $\bar{z}$ xij; rum  $\bar{z}$ xij; wine  $\bar{z}$ xx. The effect of this on the pulse was as follows: It rose from 60 to 94, the intermissions at the same time becoming less frequent, and the volume better and better, till, on the tenth day from the time that the stimulants were first given, and while he was still taking the above quantity, *it felto* 84, and ceased to intermit. His general condition improved, *pari passu*, with the pulse. At the request of the patient, I returned to the cold applications, after having made fair trial of the cotton-wool and found that it made the leg uncomfortable, while the cold relieved the pain in a marked degree. On the twelfth day, the pain having quite subsided, while the swelling remained unchanged, the leg was carefully rolled in flannel bandages, moderate pressure being at first employed and gradually increased, and it was swung from a fracture cradle, with the foot slightly raised. This was continued during a period of seven weeks, at the end of which time the swelling had entirely disappeared. It may be remarked, that the œdema subsided rapidly for the first week after the application of the bandage, but then seemed for a time to remain stationary, and was at last slowly removed. The quantity of stimulants was gradually reduced after the fourth week.

"The circumstances," Dr. T. remarks, "of principal interest in the treatment employed are, the beneficial effect of cold, the value of pressure, and the necessity of stimulants.

"The application of cold—a remedial agent so largely employed in Germany—is strongly recommended by Virchow as the best and often the only means of alleviating the terrible pain that follows the sudden obstruction by an embolus of one of the large arteries of the extremities. The relief it afforded in this case was most marked. Pressure carefully applied and gradually increased by means of a flannel bandage—a plan of treatment employed by many obstetric physicians in the later stages of the puerperal phlegmasia dolens—was here, too, attended with good results. The rapid and manifest improvement in the general condition of the patient, and the restoration of the heart's power in proportion as the quantity of stimulants was increased, sufficiently indicate their importance in the treatment of such cases. And, surely if alcohol acts thus beneficially after the mischief has been done, we cannot avoid the reflection, that the free use of alcohol in wasting diseases may often avert the mischief altogether, and that the stimulant plan of treatment has, at any rate, this much to be said in its favour, that it tends to prevent the formation of thrombi. In the history of this disease we have, certainly, one satisfactory example of the way in which a real advance in pathology leads to a corresponding advance in therapeutics."

15. *Rubeola Notha—an Anomalous Exanthem.*—Dr. BABINGTON brought recently to the notice of the Epidemiological Society an eruptive disorder or exanthem, of an anomalous character which has within the last few weeks been so prevalent, at least in London, as to entitle it to the designation of an epidemic. He had himself seen several cases, and heard of many more. It is a papular eruption, in many respects resembling rubeola, but distinguished from it in that the papulæ were less distinct, not arranged in crescentic clusters, and do not appear on the limbs, or, at least, but very slightly and rarely. There is also more constitutional disturbance in proportion to the extent of the eruption, and the convalescence is more speedy and complete. It differs from roseola by not being symptomatic of any other disorder, and by being papular in